

ISSUE SLIP STAPLE AREA (for additional cross references)

28
10-16-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions
 staple additional sheet here

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